Department of Health Services Surveillance and Statistics Section P.O. Box 942732 Sacramento, CA 94234-7320

LYME DISEASE CASE REPORT

Patient name-last first			m			Idle initial Date of birth			Age	Sex	
Address–number, street			City			State	County		ZIP code		
Telephone number									I.		
Home ()			Work ()							
RACE (check one)					ETHNICITY (check one)						
African-American/Black White Native American Asian/Pacific				Other	Hispanic/Latino Non-Hispanic/Non-Latino						
If Asian/Pacific Islander, please check one: Asian Indian Cambodian			Chinese Filipino				Guamanian Hawaiian				
	Japanese	☐ Korean		Laotian	☐ San	noan	Vietnamese		ther		
HISTORY											
1. History of tick bite within 3 months of onset of current symptoms?											
County/state where bite occurred											
2. History of travel outside county						T Yes					
If yes, county/state of travel:							3				
3. History of receiving Lyme dise		☐ Yes	☐ No	Unknow							
If yes, how many doses?		Date of most recer	nt dose (m	nm/yy):	_/	_					
CLINICAL INFORMATION											
Dermatologic											
Erythema migrans (EM)?				☐ No	Unl	known	If yes, onset (r	mm/yy) _	/		
Location of EM on body:				at diagnosis,	, diamete	r (cm):					
Rheumatologic											
Arthritis characterized by swelling in one or a few joints?				☐ No	☐ Unl	known	If yes, onset (r	mm/yy) _	/		
Neurologic											
Facial (VII) palsy or other cranial neuropathy?			Yes	☐ No	Unl	known	If yes, onset (r	mm/yy) _	/		
Radiculoneuropathy?			Yes	☐ No	Unl	known	If yes, onset (r	mm/yy) _	/		
Lymphocytic meningitis?			Yes	☐ No	Unl	known	If yes, onset (r	mm/yy) _	/		
Encephalitis/encephalomyelitis?				☐ No	Unl	known	If yes, onset (r	mm/yy) _	/		
Cardiologic											
Second or third degree atrioventri	cular block?		Yes	☐ No	Unl	known	If yes, onset (r	mm/yy) _	/		
Other, please describe											
							Onset (ı	mm/yy) _	/		
							Onset (ı	mm/yy) _	/		
DIAGNOSTICS											
Serology (Please attach copie	as of the labo	ratory report(s)									
Croiogy (Ficase attach copi		ate Collected (mm/dd/y	w)	Result			1.	aboratory	,		
EIA or IFA		/ /	· y)	Result			_	aborator y			
Western immunoblot, IgM//											
Western immunoblot, IgG											
Intrathecal antibody assay//											
Other, specify:	_										
TREATMENT											
Antibiotics prescribed Name of Antibiotic for current illness:				oute of Antibiotic Date of First Dose (mm/dd/yy) Number of Days Prescribed							
							//				
							//				
PHYSICIAN/INVESTIGAT	OR INFORM	IATION									
Physician's name (please print)				Person comp	leting form	(if differen					
Address (street, city)				Address (street, city)							
Telephone		Date		Telephone				Date			
()				()							

NOTE: Please refer to the reverse side for case definition.

Lyme Disease (Borrelia burgdorferi) 1996 Case Definition

Clinical Description

A systemic, tickborne disease with protean manifestations, including dermatologic, rheumatalogic, neurologic, and cardiac abnormalities. The best clinical marker for the disease is the initial skin lesion (i.e., erythema migrans [EM]), that occurs in 60%–80% of patients.

Laboratory Criteria for Diagnosis

- Isolation of Borrelia burgdorferi from a clinical specimen, or
- Demonstration of diagnostic immunoglobulin M or immunoglobulin G antibodies to *B. burgdorferi* in serum or cerebrospinal fluid (CSF). A two-test approach using a sensitive enzyme immunoassay or immunofluorescence antibody followed by Western blot is recommended*.

Case Classification

Confirmed: (a) a case with EM or (b) a case with at least one late manifestation (as defined below) that is laboratory confirmed.

Comment

This surveillance case definition was developed for national reporting of Lyme disease; it is not intended to be used in clinical diagnosis.

Definition of terms used in the clinical description and case definition:

- Erythema migrans. For purposes of surveillance, EM is defined as a skin lesion that typically begins as a red macule or papule and expands over a period of days to weeks to form a large round lesion, often with partial central clearing. A single primary lesion must reach greater than or equal to 5 cm in size. Secondary lesions may also occur. Annular erythematous lesions occurring within several hours of a tick bite represent hypersensitivity reactions and do not qualify as EM. For most patients, the expanding EM lesion is accompanied by other acute symptoms, particularly fatigue, fever, headache, mildly stiff neck, arthralgia, or myalgia. These symptoms are typically intermittent. The diagnosis of EM must be made by a physician. Laboratory confirmation is recommended for persons with no known exposure.
- Late Manifestations. Late manifestations include any of the following when an alternate explanation is not found:
 - Musculoskeletal system. Recurrent, brief attacks (weeks or months) of objective joint swelling in one or a few joints sometimes followed by chronic arthritis in one or a few joints. Manifestations not considered as criteria for diagnosis include chronic progressive arthritis not preceded by brief attacks and chronic symmetrical polyarthritis. Additionally, arthralgia, myalgia, or fibromyalgia syndromes alone are not accepted as criteria for musculoskeletal involvement.
 - Nervous system. Any of the following, alone or in combination: lymphocytic meningitis; cranial neuritis, particularly facial palsy (may be bilateral); radiculoneuropathy; or, rarely, encephalomyelitis. Encephalomyelitis must be confirmed by demonstration of antibody production against B. burgdorferi in the CSF, evidenced by a higher titer of antibody in CSF than in serum. Headache, fatigue, paresthesia, or mild stiff neck alone are not criteria for neurologic involvement.
 - Cardiovascular system. Acute onset, high-grade (second or third degree) atrioventricular conduction defects that
 resolve in days to weeks and are sometimes associated with myocarditis. Palpitations, bradycardia, bundle branch
 block, or myocarditis alone are not criteria for cardiovascular involvement.
- Exposure. Exposure is defined as having been (less than or equal to 30 days before onset of EM) in wooded, brushy, or
 grassy areas (i.e., potential tick habitats) in a county in which Lyme disease is endemic. A history of tick bite is not
 required.
- Disease endemic to county. A county in which Lyme disease is endemic is one in which at least two confirmed cases have been previously acquired or in which established populations of a known tick vector are infected with B. burgdorferi.

^{*} CDC. Recommendations for test performance and interpretation from the Second National Conference on Serologic Diagnosis of Lyme Disease. MMWR 1995; 44:590-1.